

## Part IV Answers – Coding Collaborative Stage and Treatment

### Data Collection of Non-malignant Primary CNS Tumors

**For these exercises, assume that if a treatment is not mentioned, it was not administered.**

1. The patient was referred to a neurologist because of a right-side hearing loss and possible acoustic tumor. A CT scan on March 1, 2004, was used to diagnose right acoustic neuroma. On March 31, 2004, the patient had a craniotomy. A protrusion of tumor in the vestibule appeared to come from the cochlea. Facial nerve was spared. The tumor was totally resected, with clear margins.

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| CS Extension code                                  | <b>Use “Other parts of CNS” schema.<br/>Code 05 Benign or borderline brain tumor.</b>   |
| Surgical procedure of primary site                 | <b>Use surgery codes for Brain<br/>55, Gross total resection<br/>(All of the tumor was removed, with<br/>no evidence of tumor.)</b> |
| Surgical margins of primary site                   | <b>0, No residual tumor</b>   |
| Scope of regional lymph node surgery               | <b>9, not applicable</b>  |
| Radiation treatment volume                         | <b>00, No radiation treatment</b>   |
| Regional treatment modality<br>(radiation)         | <b>00, No radiation treatment</b>   |
| Chemotherapy                                       | <b>00, None</b>   |
| Hormone therapy                                    | <b>00, None</b>   |
| Immunotherapy                                      | <b>00, None</b>   |
| Hematologic transplant and endocrine<br>procedures | <b>00, None</b>   |

2. A 6-year-old boy had severe headaches and vomiting. An MRI on September 13, 2004, was used to diagnose medulloblastoma of the cerebellum. An infratentorial craniotomy was performed on September 28, 2004, and the tumor was removed. Macroscopic and microscopic residual medulloblastoma remained. On November 1, 2004, the patient began a course of carmustine. After completion of chemotherapy, the patient had a bone marrow transplant with donor marrow from his older brother.

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| CS Extension code                               | <b>Use "Brain &amp; Cerebral Meninges" schema.<br/>Code 11: Infratentorial tumor, confined to cerebellum</b>                 |
| Surgical procedure of primary site              | <b>Use surgery codes for Brain<br/>40, partial resection (Tumor was removed but visible and microscopic tumor remained.)</b> |
| Surgical margins of primary site                | <b>3, Macroscopic residual tumor (When both microscopic and macroscopic residual tumor remain, use the higher code.)</b>     |
| Scope of regional lymph node surgery            | <b>9, not applicable</b>   |
| Radiation treatment volume                      | <b>00, No radiation treatment.</b>   |
| Regional treatment modality (radiation)         | <b>00, No radiation treatment.</b>   |
| Chemotherapy                                    | <b>02, Single agent chemotherapy</b>   |
| Hormone therapy                                 | <b>00, None</b>  |
| Immunotherapy                                   | <b>00, None</b>  |
| Hematologic transplant and endocrine procedures | <b>12, Allogeneic bone marrow transplant (Patient's brother donated the bone marrow.)</b>                                    |

3. Patient had CT scan of the head on February 24, 2004, showing a large prolactinoma of the pituitary gland. The patient started on bromocriptine to shrink the tumor in March 2004. The patient had gamma knife surgery on October 1, 2004.

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| CS Extension code                               | <b>Use "Thymus, Adrenal Gland and Other Endocrine Glands" schema.<br/>Code: 05 Benign or borderline tumors</b>  |
| Surgical procedure of primary site              | <b>Use Surgery codes for "All Other Sites".<br/>00, None (gamma knife surgery is radiation)</b>   |
| Surgical margins of primary site                | <b>8, No primary site surgery</b>   |
| Scope of regional lymph node surgery            | <b>0, None<br/>(None instead of not applicable because pituitary is not one of the sites listed in FORDS as "not applicable" for lymph node surgery.)</b> |
| Radiation treatment volume                      | <b>02, Pituitary</b>  |
| Regional treatment modality (radiation)         | <b>43, Gamma knife</b>  |
| Chemotherapy                                    | <b>00, None</b>   |
| Hormone therapy                                 | <b>00, None</b>   |
| Immunotherapy                                   | <b>82, Immunotherapy as first course of therapy (bromocriptine is a biologic response modifier or immunotherapy.)</b>                                     |
| Hematologic transplant and endocrine procedures | <b>00, None</b>   |

4. The patient was referred to a neurologist after reporting symptoms of vomiting, muscle weakness on one side of the face, and several episodes of slurred speech. The patient had an MRI on June 3, 2004, that showed a glioma in the brain stem. Through an infratentorial craniotomy, the tumor was removed on June 30, 2004. The pathology report documented microscopic residual subependymal glioma in the fourth ventricle (9383/1). On August 1, 2004 the patient had conformal radiation to the fourth ventricle.

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| CS Extension code                               | <b>Use "Brain &amp; Cerebral Meninges" schema.<br/>Code 05 Benign</b>   |
| Surgical procedure of primary site              | <b>Use sugery codes for Brain<br/>55, Gross total resection (When tumor is removed and only microscopic tumor residual remains, surgery is still considered total resection.)</b> |
| Surgical margins of primary site                | <b>2, Microscopic residual tumor</b>  |
| Scope of regional lymph node surgery            | <b>9, Not applicable</b>  |
| Radiation treatment volume                      | <b>04, Brain limited (The radiation was given to only part of the brain, fourth ventricle.)</b>   |
| Regional treatment modality (radiation)         | <b>32, Conformal therapy</b>  |
| Chemotherapy                                    | <b>00, None</b>   |
| Hormone therapy                                 | <b>00, None</b>   |
| Immunotherapy                                   | <b>00, None</b>   |
| Hematologic transplant and endocrine procedures | <b>00, None</b>   |

5. The patient's symptoms included headaches, double vision, vomiting, and drowsiness. A CT scan on November 1, 2004, showed a growth confined to the pineal gland. The patient had a biopsy of the pineal gland on November 15, 2004, and the tumor pathology was pineocytoma. The patient began beam radiation to the pineal gland on December 8, 2004.

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| CS Extension code                               | <b>Use "Thymus Gland and Other Endocrine Glands" schema.<br/>Code 05 Benign and borderline tumors</b>   |
| Surgical procedure of primary site              | <b>Use surgery codes for "All Other Sites" 00, None, No surgery of primary site (This is not stated to be an "excisional biopsy" which would be coded "27". Stereotactic biopsy of tumors of the pineal region has recently become popular particularly for those patients who do not benefit from open surgery. Biopsy can also be performed endoscopically using a flexible ventriculoscope.)</b> |
| Surgical margins of primary site                | <b>7, Margins not evaluable</b>   |
| Scope of regional lymph node surgery            | <b>0, None (None instead of not applicable because pituitary is not one of the sites listed in FORDS to use "not applicable" for lymph node surgery.)</b>   |
| Radiation treatment volume                      | <b>04, Brain limited</b>  |
| Regional treatment modality (radiation)         | <b>20, External beam, NOS</b>   |
| Chemotherapy                                    | <b>00, None</b>   |
| Hormone therapy                                 | <b>00, None</b>   |
| Immunotherapy                                   | <b>00, None</b>   |
| Hematologic transplant and endocrine procedures | <b>00, None</b>   |